#### MARY ELIZABETH STEVENS

## License Number: PN5194784

Data As Of 6/27/2025

Profession Licensed Practical Nurse

License PN5194784

License Status Emerg Restrict/Active

Qualifications Single-state License

License Expiration Date 7/31/2025

License Original Issue

Date

09/03/2010

Address of Record

7645 Summertree lane

FL

NEW PORT RICHEY, FL 34653

Discipline on File No
Public Complaint Yes

Alerts Enforcement Alert

3/28/2025 4:19:40 PM

Emergency Restriction Order filed 03/28/2025.

# **Secondary Locations**

No secondary locations found.

# Discipline/Admin Action

## **Emergency Actions**

| Name             | License | Profession                     | City               | County | State | Case#     | Action<br>Taken | Action Date |
|------------------|---------|--------------------------------|--------------------|--------|-------|-----------|-----------------|-------------|
| STEVENS,<br>MARY | 5194784 | LICENSED<br>PRACTICAL<br>NURSE | NEW PORT<br>RICHEY | PASCO  | FL    | 202429589 | ERO ISSUED      | 03/28/2025  |

#### **Discipline Cases**

No Discipline Found

## **Public Complaints**

| Name                       | License | Profession                     | City            | State | Case #    | Action Taken |
|----------------------------|---------|--------------------------------|-----------------|-------|-----------|--------------|
| STEVENS, MARY<br>ELIZABETH | 5194784 | LICENSED<br>PRACTICAL<br>NURSE | NEW PORT RICHEY | FL    | 202429589 | AC FILED     |

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

#### Discipline Public Records Request

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at: Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:

1. Full name and license number of the practitioner;

- 2. Name and address where documents are to be sent; and
- 3. If you require certification of the documents, a \$25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

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